IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



3/21/2012

Date

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB			
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state			
For office use only			
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receipt of the gift or bequest.	727 E1
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	PA
DHS Glenwood Resource Center Name of Department or Office 711 South Vine Street Glenw	vood, IA 51534 State, Zip Code
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
Lori Calder Name 9825 E Clarksboro Dr Liberty MO 64068-8684 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: Provide amenities at Campbell Park Lake for Client eas	3/21/2012 \$300.00 Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". se and enjoyment
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state	e or received by the Governor on behalf of the state.
Ruth Messingeraffirm that the gift or bequest reported above is ssessment of the fair market value (if applicable) is correct and true to the bes	s accurate. I further affirm that the information concerning the donor and st of my knowledge.

Signature

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Governor on behalf of the state.			
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Date

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

The state of the s	2 09	
DHS Glenwood Resource Center	,	
Name of Department or Office	Glenwood, IA 51534	
	City, State, Zip Code	
Area Code & Telephone No.	-	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:	
Name	2424 C	
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
DONOR OF GIFT OR BEQUEST:		
Ardis M. Scheffel		
Name	-	
2 Westlake Village Council Bluffs, IA 51501		
Mailing Address City, State, Zip Code	\$1,000.00	
Area Code & Talanhara Number	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift or bequest and purpose thereof:		
Provide amenities at Campbell Park Lake for Client	ease and enjoyment	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state	
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tatement of Affirmation:		
affirm that the gift or hequest reported she	Due to constrate. I firstly a office that the information are also the	
ssessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and e best of my knowledge.	
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Tuch Messynson	3/21/12	

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	Gift or Bequest information received by a department or accepted by the Governor on behalf of the state		
For office use only			
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EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	ST: 2 1/2
DHS Glenwood Resource Center	M A
Name of Department or Office 711 South Vine Street GI	enwood, IA 51534 2 2 3
Mailing Address C	ity, State, Zip Code
Area Code & Telephone No.	3 (2)
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:
	- C2
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Baatz Farm Ind., Inc.	
Name	
206 Main St Lester, IA 51242	
Mailing Address City, State, Zip Code	\$0.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Card fronts for Client use in vocational training.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state
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atement of Affirmation:	
Ruth Messinger	o in accounts. I finish as affirm that the last section is
sessment of the fair market value (if applicable) is correct and true to the	e is accurate. I further affirm that the information concerning the donor a best of my knowledge.